# WISCONSIN'S HOMELESS MANAGEMENT INFORMATION SYSTEM GRANT COMPLIANCE REQUIREMENTS

### **DATA COLLECTION POLICY**

Provider Agencies must attempt to collect a minimum set of data from each client served by the program that is supported by the Wisconsin Department of Commerce's Supportive Housing Program, either from the Emergency Shelter Grant Program (ESG), the Transitional Housing Program (THP), or the Homeless Prevention Program (HPP).

All of the questions are required elements of the Emergency Shelter Grant Program and are components of the State's reporting requirement to HUD through IDIS. All questions are included in the HUD Universal Data Elements Assessment and either in the Service Transaction component of ClientPoint or in ShelterPoint.

Provider Agencies shall at all times have rights to the data pertaining to their clients that was created or entered by them in the ServicePoint™ system. Provider Agencies shall be bound by all restrictions imposed by clients pertaining to the use of personal data that they do not formally release.

It is a Client's decision about which information, if any, entered into the ServicePoint system shall be shared and with other Provider Agencies.

### MINIMUM DATA ENTRY ON EACH CLIENT WILL BE:

(For DV Clients: Client Full Name, Month and Day of Birth and Social Security Number are not required.)

- Client Full Name
- Client Social Security Number
- Client Birth date
- Client Gender
- Client Race/Ethnicity
- Whether or not Client has a disabling condition
- Whether or not Client has a disability
- Whether or not Client has a chronic substance abuse issue
- Whether or not Client is a victim of domestic violence
- Whether or not client has mental illness
- Whether or not client is a person with HIV/AIDS
- Whether or not Client is a veteran
- Whether or not Client is homeless
- Whether or not Client is chronically homeless
- What is the percentage of client's income compared to the local (County Median Income) CMI?
- Where did Client spend the night prior to receiving service
- How long did the client stay in the place where Client spent the night prior to receiving service
- Client zip code of place last resided for 90 days or more
- Type of Service (AIRS Taxonomy)
- Date of Service

## Source of Funding for Service

(See "Guidelines for 2006-2007 Supportive Housing Program Grants".)

# DATA MUST BE FULLY ENTERED AND UP-TO-DATE FOR EACH OF THE FOLLOWING PERIODS

- For July 1, 2006 September 30, 2006, data must be entered by October 13, 2006
- For October 1, 2006 October 31, 2006 data must be entered by November 17, 2006
- For November 1, 2006 November 30, 2006 data must be entered by December 15, 2006.
- For December 1, 2006 December 31, 2006 data must be entered by January 12, 2007
- For January 1, 2007 January 31, 2007 data must be entered by February 16, 2007
- For February 1, 2007 February 28, 2007 data must be entered by March 16, 2007.
- For March 1, 2007 March 31, 2007 data must be entered by April 13, 2007.
- For April 1, 2007 April 30, 2007 data must be entered by May 18, 2007.
- For May 1, 2007 May 31, 2007 data must be entered by June 15, 2007.
- For June 1, 2007 June 30, 2007 data must be entered by July 13, 2007